

S&H Form: PTO/SB/30 (12/04)

**REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL****(INCLUDING FILING FEE AND/OR PETITION FOR
EXTENSION OF TIME FEE)**

Subsection (b) of 35 U.S.C. §132, effective May 29, 2000
provides for continued examination of a utility or plant application
filed on or after June 8, 1995.
See The American Inventors Protection Act of 1999 (AIPA)

To: Commissioner for Patents Box RCE PO Box 1450 Alexandria, VA 22313-1450		Attorney Docket No.:154.1049	
First Named Inventor	Eugeniusz RYLEWSKI		
Application No.	09/786,584	Group Art Unit	3753
Filing Date	April 16, 2001	Examiner	Ljiljana V. Ciric
CPA Filing Date		Confirmation No	3718
Title of Invention	HEAT EXCHANGE UNIT, IN PARTICULAR FOR VENTILATING A BUILDING		
This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.			
1. Submission required under 37 C.F.R. §1.114 (Box a or b must be completed)			
a. <input type="checkbox"/> Previously submitted i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on ____ (Any unentered amendment(s) referred to above will be entered). ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on ____ iii. <input type="checkbox"/> Other b. <input checked="" type="checkbox"/> Enclosed i. <input checked="" type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input type="checkbox"/> Information Disclosure Statement (IDS) iv. <input type="checkbox"/> Other			
2. Miscellaneous			
a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C.F.R. §103(c) for a period of ____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. §1.17(f) required).			
b. <input type="checkbox"/> Other			

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CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being
transmitted via facsimile to: Commissioner for
Trademarks.

on 3/10 2005
by William Herbert
Date 3/10/05

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/786584

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	// minus 20=	
INDEPENDENT CLAIMS	/ minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY
TYPE ☐

OR **OTHER THAN SMALL ENTITY**

RATE	FEE
BASIC FEE	
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	820
X\$18=	
X80=	
+270=	
TOTAL	820

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	20	Minus	20 =
Independent	3	Minus	3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY ☐

OR **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDITIONAL FEE	

3 - 10 - 05

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	12	Minus	20 =
Independent	2	Minus	3 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDITIONAL FEE	

	(Column 1)	(Column 2)	(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total		Minus	
Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.